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Clinical Sonography & Telecytology
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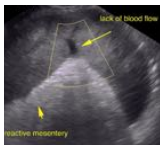
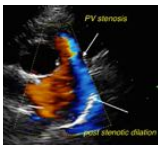
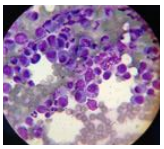
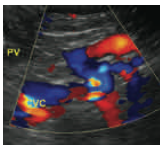

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bella Scagiozzi

SPECIES
Canine

BREED
Mix

SEX
Spayed Female

AGE
11 years

WEIGHT
34 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Newton VH

REFERRING VET
Dr. Kim

INVOICE
95980

DATE
2/10/22

PRESENTING CLINICAL SIGNS

Seizures, elevated liver enzymes.
WBC 18.91(17H); neut 15.04 (12.3H); TP 8.2 (7.6H); Glob 4.2(3.6H); glucose 165 (125H);ALT 159 (120H); ALP 523 (140H); GGT 103 (14H); Tbili 1.1 (0.5H); Cl 99 (102L); U/A-N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The pelvic urethra was thickened in this patient and slightly irregular. There is a potential for emerging urethral neoplasia. The ureters were not visible which is normal. A minor amount of debris was noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. An anechoic cyst was noted in the cranial pole of the right kidney measuring 1.6 cm. The right kidney measured 6.7 cm. The left kidney revealed enhanced fat that is consistent with pericapsular inflammation.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.65 x 0.56 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 2.04 x 1.22 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture with increased portal markings and swollen, irregular hepatoma type mass measuring 5.0 cm at the caudal aspect of the left liver. A separate mass measured 6.09 x 5.17 cm was noted in the left liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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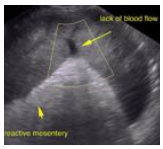

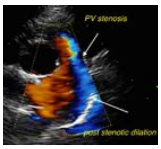

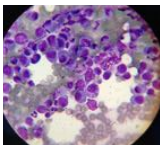
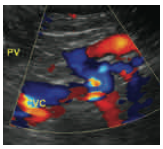

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

The iliac **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.4 cm. A separate sublumbar lymph node was noted and measured 1.2 x 1.16 cm.

ULTRASONOGRAPHIC FINDINGS

Iliac lymphadenopathy.

Irregular hepatic masses.

Thickened urethra and minor bladder debris.

Concurrent nephritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for urethral carcinoma. The iliac lymph node spread may be deriving from the urethra. FNA of the iliac lymph nodes, liver masses, and left kidney would be ideal in this patient for further definition. Cystoscopy would be necessary for assessment of the urethra. However, free catch urine with cytospin may prove fruitful to identify abnormal transitional cells consistent with carcinoma. There are multiple issues in this patient sampling is strongly recommended.

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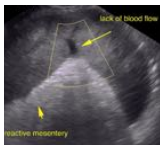
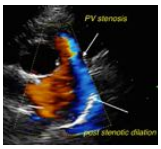
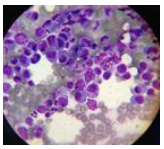
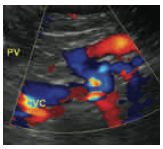

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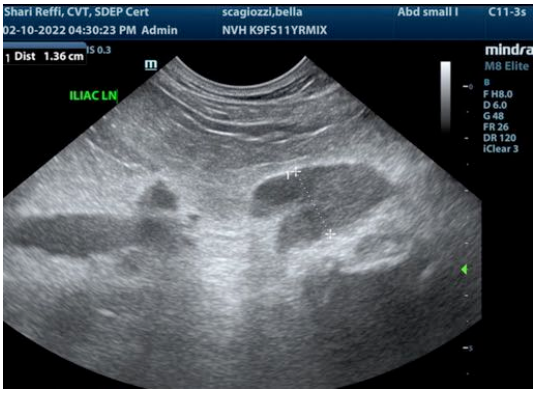

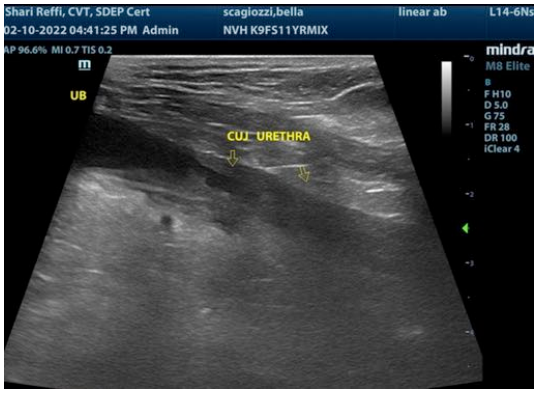

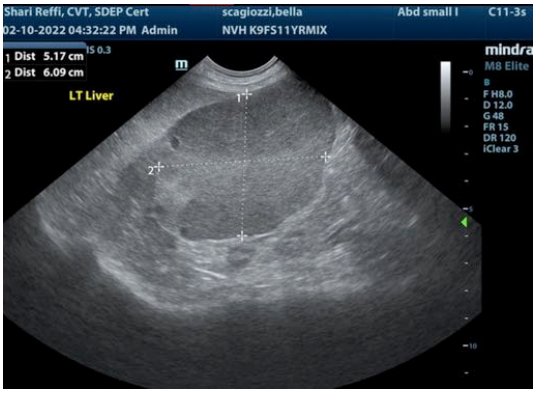

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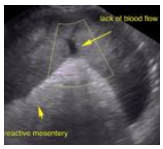
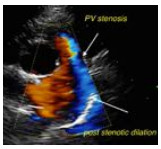
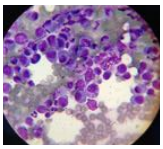
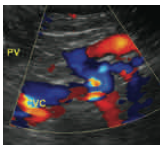

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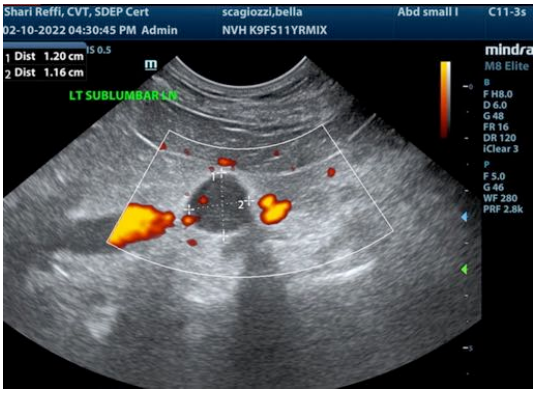

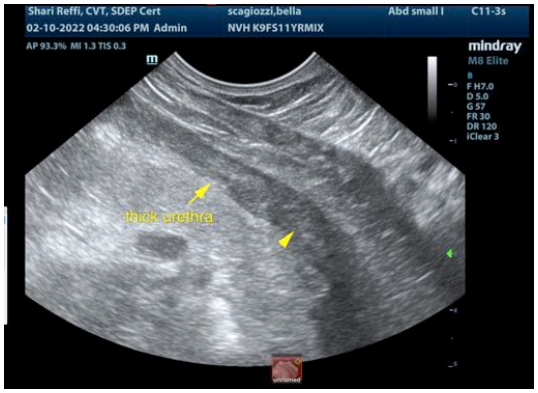

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com